Physical changes occur to our bodies as we age, and just like infants and children, patient care of the elderly is different than that of a normal adult. Established in 2000 through generous funding from The Sealy & Smith Foundation, the Acute Care for Elders (ACE) Unit was the first hospital unit in Texas designed exclusively to accommodate the acutely ill elderly.

continued on page 2

IN THIS ISSUE...

Unit-Based Clinical Leadership | UTMB Celebrates Nurses Week and Health System Week | Spotlight On Nicole Wooden: Bringing Innovative Ideas to Life in the Cardiac Catheterization Lab | Crazy Socks in the UHC Infusion Clinic | UTMB Implements Barcode Administration | Sollenberger Presents at Yale | Lean Update | Health System Clinical Enterprise Employee Referral Bonus Program | Shout Outs

Miss an issue? www.utmb.edu/fridayfocus Submit a story: friday.focus@utmb.edu Friday Focus Team: Mary Feldhusen and Erin Swearingen
Upon arrival to the ACE Unit, one may notice that the space both looks and sounds very different from other units in the hospital. This is because all of features in the unit have been carefully researched and specialized for elderly care. Special soft lighting cuts down on glare and helps with aging vision. Handrails line the hallways, patient rooms and bathroom walls. Families are encouraged to visit and stay as long as they wish—visiting hours are open and unlimited; rooms are equipped with sleeper sofas and a kitchen area is available for patients and families to make coffee and snacks. The common area features a large aquarium and a piano where ACE Unit volunteers play for the patients on a weekly basis, and the walls are adorned with paintings and vintage photographs to promote a sense of "home" and nostalgia.

Interdisciplinary care is key to caring for the elderly. Often, patients admitted to the ACE Unit must manage more than one chronic disease and may need to take up to twenty different medications. During times of hospitalization, it can be a challenge to manage all of the disease processes, so UTMB’s ACE Unit is staffed with geriatric-trained nurses, geriatricians, medical specialists, care managers, physical and occupational therapists, and dieticians, all of whom are trained in the special needs of the elderly. The team meets daily to discuss the care plan for each patient. ACE Unit Clinical Educator Bronia Michejenko explains that the unit is not only patient-centered, but family-centered, so geriatric nurses must be able to engage in counseling, communication, collaboration and teaching in a manner that reflects caring, advocacy, ethics and professional standards. Nurses who work on the unit also need to be physically fit, patient, flexible, willing to listen, sensitive, intuitive, resilient, caring and compassionate, with a sense of humor to assist with the complex needs of elderly patients.

The ACE unit currently has 20 beds with twelve large rooms and eight standard-size private rooms. The number will grow to 32 rooms once the New Jennie Sealy Hospital opens in 2016. Eligibility for admission to the ACE unit is 70 years of age and older with any variety of acute medical problems, hospice and palliative care patients and surgical patients who do not require intensive care treatment. The average length of stay per patient is 5.5 days.

For contact information on the ACE Unit, and helpful links and resources visit the UTMB Division of Geriatric Medicine webpage, [http://www.utmb.edu/internalmedicine/divisions/geriatrics/patient_care/default.asp](http://www.utmb.edu/internalmedicine/divisions/geriatrics/patient_care/default.asp).
Did you know...

- The ACE unit is part of the Nurses Improving Care for Healthcare Elderly (NICHE). Designed by the Hartford Institute for Geriatric Nursing at New York University's College of Nursing, the goal of NICHE is to provide principles and tools to stimulate and support a systemic change in the culture of health care facilities to achieve patient-centered care. All nursing and patient care assistants have gone through basic NICHE education.

- The Sealy Center on Aging facilitates communication and collaborative scholarship among researchers at UTMB. Some of UTMB's research on aging has and continues to take place on the ACE unit. The focus of research has primarily been on mobility and loss of muscle mass during hospitalization. Nursing is also conducting studies on decreased mobility with urinary catheters.

UNIT-BASED CLINICAL LEADERSHIP
IMPROVING CARE THROUGH COLLABORATION

Unit-based Clinical Leadership (UBCL) began in December 2013 as an initiative to increase interprofessional working alliances between physicians and nurses. UBCL is designed to improve quality outcomes, build UTMB's Culture of Trust, improve communication, enhance the patient and family experience, and improve staff satisfaction.

To date, 22 inpatient units have adopted the UBCL model by establishing formal partnerships between medical directors and nurse managers. These teams then work together to develop unit-specific strategies designed to improve the quality of patient care, patient safety and overall unit operational efficiencies. Nineteen medical directors and 13 nurse managers meet on a weekly basis to discuss process improvement ideas and to review quality reports, patient satisfaction data and patient survey comments.

On a monthly basis, selected teams are invited to meet with the UBCL Executive Council to review their scorecards, discuss any specific concerns they may have, and to ensure the unit’s improvement strategies align with the overarching goals of the Health System. On a quarterly basis, all teams are invited to attend a UBCL forum to better understand how the initiative is impacting overall unit performance and to encourage hospital-wide collaboration.

The feedback from the UBCL team leaders has been positive. Chuck Machner, nurse manager, UBCL team J4A says, “It was good to hear about the challenges in other areas and their plans to impact change. I felt the suggestions from Executive Council were valuable and well delivered.” Deatra Josiah, nurse manager, UBCL teams 6AB, 6CD and 5C agrees, “I appreciate the structure and overall experience of the collaboration. The advice from Executive Council and their thought provoking questions left me feeling invigorated. This allows me to take this same energy back to my team.”

All faculty and staff are encouraged to get acquainted with the work currently underway through UBCL, as many of the challenges experienced on inpatient units will require both interdisciplinary and interdepartmental collaboration to improve processes and overall operational efficiencies. Important new projects are also on the horizon, such as a formal Best Practice Rounding Program and the extension of the UBCL model into ambulatory operations.

For more information on this important initiative, please visit http://blogs.utmb.edu/ubcl. The website provides in-depth information about the structure of the program, identifies current UBCL teams, and will include updates on various quality and patient satisfaction improvement efforts. A UBCL discussion blog is also accessible via the website, serving as a forum for dialogue on improvement initiatives.

Get involved in the Unit-based Clinical Leadership initiative today, and help improve patient care through collaboration!
Austin nearly lost its “Keep Austin Weird” slogan the week of May 12, as UTMB celebrated Nurses Week. Those who strolled along the corridor of John Sealy Hospital were eagerly recruited by the Blood Center’s mascot shark. Meanwhile, Florence Nightingale (Lynn Bell) graced the halls in turn-of-the-century garb, and nurse managers and directors around campus sported ballerina tutus. In the culmination of the week’s events, the dunking booth, Chief Nursing and Patient Services Officer Dr. David Marshall sported a lovely blue bathing cap.

Of course, Nurses Week was also the perfect occasion to showcase nursing excellence at UTMB with poster sessions, research podium presentations and “Walk a Mile in Our Shoes”, an opportunity for members of Health System Executive Leadership to shadow UTMB nurses during their shifts. Meanwhile, the Silent Angel Awards, established to recognize UTMB nurses and staff for their outstanding skill and compassionate care, was a unique opportunity to hear stories about the incredible, caring and compassionate individuals who make a difference to our patients and families every single day.

The following week, UTMB celebrated Health System Week with a special presentation by U.S. Gold Medal Olympian Casey FitzRandolph, who shared his journey from becoming a small-town kid with a big dream to becoming an Olympic gold medalist. Casey’s message of dedication, perseverance and unwavering faith in oneself was video recorded and can now be viewed online at http://intranet.utmb.edu/healthsystem/lecture/FitzRandolph.asp.

John Carstens, Informational Writer and communications extraordinaire for Nursing Service, was the man behind the camera during Nurses Week, pictured here at the Silent Angel Nursing Awards Ceremony. For the full spread of photos from Nursing Week, visit UTMB’s Flickr page at https://www.flickr.com/photos/utmb/sets/72157644334794239/
Donna Sollenberger visited the ACE Unit, where she spent some time chatting with UTMB Volunteer, Amelia Collins. Amelia worked for UTMB for 30 years before retiring. Amelia has volunteered 500 hours at UTMB.

Ri Dorado takes a shot at dunking Bud Cherry. The dunk tank event successfully raised more than $800 for nursing scholarships. Thank you to Bud Cherry, Amber Clayton, Pat Davis, Tim Hilt, Annette Macias-Hoag, David Marshall, Deb McGrew and Christine Wade for your participation – photo by John Carstens

Donna Sollenberger also spent the morning “Walking a Mile in the Shoes” of Bill Morey, RN, in the ACE Unit. From left to right: Bronia Michejenko, Donna Sollenberger, Bill Morey and Dee Gallardo

Dr. David Marshall made sure no one in the dunking booth had a chance to dry off – photo by John Carstens
A pitching phenom was discovered at the dunking booth! Harendra Chahar, Postdoctoral Fellow, was heavily recruited by ticket holders when they observed he rarely missed the target! Photo by John Carstens

Owen Murray, Veronica Amaning-Kwarteng, Bryan Schneider and Philip Osei-Manu help serve breakfast – photo by John Carstens

Olympic speed skating gold medalist Casey FitzRandolph came to speak and share his story with UTMB during Health System week. Sandra Powis, nurse clinician IV, pictured above with Casey, carried the torch in the 2002 Salt Lake City games, the same year Casey won his gold

Many of UTMB’s own gold, silver and bronze medalists were able to join Casey FitzRandolph at his special presentation, “Believe”, May 16 in Levin Hall Auditorium.

Thank you to all who participated in Nurses Week and Health System Week and for making it a success!
During traditional diagnostic cardiac catheterization procedures, a cardiologist uses the femoral artery in the leg as the entry point for a catheter tube, which is guided through the body’s arteries to the heart. The relatively new radial artery approach allows a cardiologist to insert the catheter through the radial artery in the wrist. It is a minimally invasive procedure in which small tubes (catheters) are inserted into the circulatory system under X-ray guidance. The procedure reveals information about blood flow and pressures within the heart to determine if there are obstructions within the blood vessels feeding the heart muscle (coronary arteries). The catheters necessary for cardiac catheterization can be inserted either into the femoral artery (in the groin) or into the radial artery (in the wrist). Because the radial artery is much smaller and located closer to the skin surface, the risk of internal bleeding is eliminated and any external bleeding can be easily compressed. After the catheter is removed from the radial artery, a compression device is placed around the wrist to apply pressure on the artery. In general, patients find radial catheterization more comfortable than femoral catheterization because they do not have to remain immobile after the procedure. This is a particular advantage for patients with back problems.

During most traditional radial procedures, the catheterization is performed in the right arm. In those cases, the right arm is easily secured and the cardiologist has clear access to the arm. However, in infrequent cases, the procedure must be done in the left arm, which can sometimes be more difficult for the surgeon to access due to equipment configuration. This was a challenge quickly overcome by a little innovative thinking by Nurse Clinician Nicole Wooden. Inspired by Dr. Syed Gilani’s desire to have “arm board” for the procedure—something not available on the market—Nicole went home and began working to develop her idea into a safe and effective device to position and secure the arm for the procedure. She’s named the arm board after her the man who inspired her to create it—the device is now known as the “Gilani”.

We recently caught up with Nicole in the Catheterization Lab to learn more about how her clever invention came to be.
What originally inspired you to create the device?
Most radial catheterizations are done on the right wrist, and it's easy. We can secure the patient's arm and the surgeon has easy access to it, no problem. However, on the cases that we have to do left arm radials, the surgeon is more challenged to perform the procedure on that side of the patient's body because of the equipment configuration. In those cases, the standard procedure was propping the left arm up with tape and towels to give the doctor access. One day after surgery, Dr. Gilani just said, "Somebody make me an arm board!" So I told him I would go home and make him one.

So there wasn't anything like this already out there?
No! Not that we could find. In the United States, radial catheterizations are rare; in Europe, it's a more standard procedure. It's very uncommon to find a hospital or a doctor that performs the surgery in the U.S., so there hasn't been a market for a device like this—yet!

What did you make it out of?
The bottom piece is acrylic. The arm is made from a paper holder from the office that no one was using. The straps were also extras from the unit that we hadn't been using. All of the materials can be wiped down, washed and sanitized.

Do you plan to get it patented?
Yes. I'm working with the UTMB Office of Technology Transfer to get a patent.

Does it have a name?
The Gilani! There was no other option. It was his suggestion that we needed an arm board, and I told him if I made it, I would put his name on it. I brought it in with a sticker with his name on it! I'm a nurse, and I may not work in the Cardiac Cath Lab forever, but he's put his life's work into cardiology. It seemed appropriate!

What were the reactions from Dr. Gilani and your coworkers when you first brought it in?
Only a couple of people even knew that I was actually working on it, so I think everyone was surprised. My boyfriend is an engineer, so some questioned if he helped me build it, but he didn't! I think they were most surprised by the fact that it was an actual functional device.

How often is it used?
We've used it several times. The base is placed under the mattress for stability, and then we secure the patient's arm to the top of the board. This is just the prototype. Once it's built by a manufacturer, I'm hoping it will be able to switch sides so it can be placed on the left or right side of the patient, and the height of the arm will be adjustable, based on the size of the patient.

This is pretty exciting. How does it feel to get to be a part of something like this?
Awesome! It just feels awesome that I can help, and that I can make a difference.
Earlier this month, UTMB Health implemented a new barcode medication administration (BCMA) system to increase the safety of our patients. The new barcoding system helps ensure that patients receive the correct medications in the correct doses at the correct times by electronically validating and documenting the medications and comparing the medication being administered with what was ordered for the patient.

In 1999, the Institute of Medicine (IOM) issued a call to action for hospitals, titled *To Err Is Human*, to improve the processes used in delivering health care in the United States and to reduce the number of deaths from preventable medical errors in our hospitals. Some of the most avoidable errors were related to medication administration.

In fact, a study in The New England Journal of Medicine revealed that out of every 100 patient admissions, 6.5 adverse events are related to medication use; more than one-fourth of these events were due to errors and were therefore preventable. About one-third occurred at the time the medication was ordered, another third occurred at the time the medication was given to the patient, and the remaining third occurred during the transcription and/or dispensing stages. At the time of the IOM’s report, a recommended strategy for error reduction was to implement safety systems, such as barcode medication administration, to improve patient safety in our hospitals. Since then, the use of barcoding to support medication administration has been demonstrated in a number of studies over the years to reduce errors by as much as 50 percent.

UTMB first began significant efforts to improve medication safety in 1994, with the implementation of provider order entry in our Invision system. In 2005, we transitioned to the order entry components of Epic. At this point, the provider’s order directly drove both the dispensing of medications and the documentation of their administration. The implementation of barcode technology to support the administration process is the final step in closing the medication delivery loop by extending the same system containing the provider’s original order to serve as a safety net at the point of care, reducing the risk of error by transcribing the order directly into the pharmacy system. Barcode medication administration at UTMB will initially cover more than 80 percent of all medications dispensed.

Although this technology will not, nor is it intended to, eliminate medication errors entirely, and cannot replace the diligence and critical thinking of the nurse, it is a safer way for UTMB to provide high quality care for our patients in environments that have frequent distractions and elevated levels of stress. Barcode medication administration is another way that UTMB Health is working together to work wonders!


**Sollenberger Presents at Yale-Peking Senior Executive Forum on Health Care Reform**

Donna Sollenberger recently spoke on leadership and innovation at the Yale-Peking Senior Executive Forum on Health Care Reform. The forum provided an opportunity for high-level Chinese health administrators and top-level Chinese hospital presidents to view the current conditions of new American health care reform initiatives and discuss other current topics focused on American hospital management development with their American counterparts.
Since UTMB Health adopted the Lean Management Methodology several years ago, select units and staff have undergone training and made notable improvements in quality, efficiency, cost savings and overall patient experience in their areas. In the past, training and implementation had been primarily focused on high need areas; moving forward, UTMB’s will begin working to implement Lean Management strategies across all areas of the Health System.

Currently, leadership, directors and managers are being trained in Lean principles, particularly the 5S Methodology, a Japanese organization method that uses a list of five principles, and when translated into English, all begin with the letter “S”: sort, set, shine, standardize, sustain. Training workshops, sometimes referred to as “cohorts”, typically consist of 18-22 participants who learn how to properly apply Lean disciplines and how to mentor their staff on continuous process improvement. As a class project, they are also asked to put what they have learned into action.

Lean Management trainee Annette Macias-Hoag, associate vice president of Health System Operations, chose to tackle a closet in the ACE unit as her class challenge. Her goal: ensure no expired specimen tubes are ever left in cabinets, because they could affect the accuracy of test results and ultimately affect our patient’s satisfaction with our service if the specimen needs to be re-collected.

The first step of Annette’s process was to sort items and eliminated anything unnecessary from the cabinet. Annette and the ACE unit team also removed tubes that had been removed from their original container. During the second step, set in order, the tubes were placed in the same order as the sequence needed when blood is drawn. In the third step, shine, Annette and the team cleaned and dusted the cabinet. Standardization was accomplished by actively communicating to the staff the purpose of the Lean process, as well as receiving input from the staff about what works well about the process and what does not. Finally, the sustainability of the project will continue to be monitored based on feedback from the ACE unit.

Adam Spieker, manager of process improvement and leader of the Lean training sessions says the ultimate goal for training leadership in Lean disciplines such as 5S is to improve value for our patients and customers by further developing our leaders’ ability to coach staff to identify and eliminate waste from our processes.

The second Lean Leader cohort is scheduled to start Lean training on June 18.

Pictured above, left to right, are photos taken of the Ace Unit specimen tube supply closet before, immediately after and several months after Annette's 5S challenge. Annette said some small changes were made to the initial order of the closet, but the system has seemed to work well. She would like to thank the Ace Unit staff and Nurse Manager Dee Gallardo for their support in this initiative.
Want to make some easy cash? The Health System Clinical Enterprise Employee Referral Bonus Program (ERBP) is a great way to earn a few dollars for a future vacation and help UTMB recruit talented employees!

The referral program first began in September 2001 to award the recruitment efforts of all paid employees. Any paid employee who successfully refers an applicant for a vacant benefit-eligible hard-to-fill clinical enterprise position will receive a payout of $1500 over a two-year period ($250 after three months, $250 after six months, $500 after one year, and the final $500 after two years). The one-time $250 bonus program for general positions (for positions that are not considered hard-to-fill) has ended.

For complete details including eligibility guidelines on the referral program, please visit the HR Referral Bonus website at http://hr.utmb.edu/recruit/referral_bonus.aspx. Below is a complete list of hard-to-fill positions you can earn your bonus on starting now!

**Dental Services**
- Correctional Dentist (0849)
- Facility Cluster Dentist (0844) Dental Hygienist (1812)

**Medical Laboratory Titles**
- NEW! Casting Technician (C1660)
- Histology Technician I-IV (1650, 1649, 1648, 1646)
- Medical Technologist II-IV (1608, 1609, 1610)

**Medical Records Titles**
- DRG Coding Specialist I, II (1365, 1345)
- Clinical Documentation Specialist (C1337)

**Medical Services Titles**
- NEW! Sterile Processing Supervisor (C1739)
- NEW! Sterile Processing Tech I – III (C1742, C1740, C1738)
- NEW! Certified Ophthalmic Technician (C1765)
- Physician Assistant (1755)
- Mid-Level Practitioner (1782)
- Certified Ophthalmic Medical Technologist (1762)
- Certified Ophthalmic Technician (1765)
- Certified Ophthalmic Assistant (1763)

**Nursing Titles**
- NEW! Cardiac Cath Nurse Clinician I-V (C1073, C1074, C1076, C1083, C1084)
- NEW! Vocational Nurse (C1072) – CMC & HS Ambulatory Clinic areas only
- Staff Nurse II-IV (1058, 1057, 1056)
- Nurse Clinicians II-V (1052, 1051, 1050, 1049)
- Nurse Clinicians II-V Outpatient (1061, 1060, 1033, 1055)
- Nurse Practitioner (1025)
- Surgical Technologist (1070)
- Patient Care Facilitator (C1032)
- **Pharmaceutical Titles**
- NEW! Pharmacy Informatics Pharmacist (C1414)
- NEW! Pharmacy Supervisor (C1410)
- NEW! Pharmacy Clinical Practice Specialist (C1445)
- Pharmacist (1412, 1413, 1416)
- **Radiation Oncology Titles**
- Dosimetrist (1132)
- Staff Radiation Therapist (1121)
- **Radiology Titles**
- Radiologic Technologist (1108)
- Nuclear Medicine Technologist (1170)
- Ultrasonographer (1140)
- Senior Ultrasonographer (1138)
- Vascular Ultrasonographer (1727)
- **Therapy Titles**
- Occupational Therapist I-III (1233, 1232, 1231)
- Physical Therapist I-III (1222, 1221, 1220)
- Audiologist I, II (1298, 1299)
- Speech Pathologist I, II (1287, 1286)

To schedule an appointment at a UTMB clinic call the UTMB Access Center at (409) 772-2222 or toll free (800) 917-8906.
A letter from Dr. Michael Binder: As I was speaking with the mother of a young patient who came to our clinic, she told me that no one showed up to the birthday party she had thrown for her daughter the weekend prior. The patient didn’t understand, and kept asking her mom, “Am I going to have my birthday party today, mommy?” Pedi and Adult Clinic to the rescue! Everyone pitched in and had a nice party for her. It was a good time.

Congratulations to Gary Eubank, Sharon Bourg, Souby George and Jessica Peck, who were all recognized as Outstanding Nurse honorees in this year’s Houston Chronicle Salute to Nurses. These individuals were recognized by patients or coworkers as someone who has made a tangible, positive impact in the nursing community.

Dr. Leticia Rowe was excellent! (Emergency Department)

Dr. Tammara Watts and her staff are the greatest! They are absolute treasures, especially her resident Dr. Samuel Patton. I have to say, he was the best doctor I have ever come across. If it wasn’t for him who knows what would have happened to me. He was such a blessing! (Otolaryngology)

My nurses on 9C were wonderful. Their names were: Linda, Allison, Lisa, Jesha, Kayla, Mike, Tracy, Lou, Becky, Bailey and Patience. Thank you! (Neurology)

Dr. Nitza Cintron takes time to ask and answers all of my questions, personal and medical. She is an asset to your clinics. (PCP Harborside Medical Group, Internal Medicine)

I have always had the best care from Dr. Roger Soloway, Monica Donahoe (Physician Assistant) and their staff. My husband and I have great appreciation for their care. Thank you. (UHC Medicine Specialties, Gastroenterology)

Dr. Carlos Clark is excellent. He does a great job with patient education and always makes the patient the focus. (PCP Harborside Medical Group, Internal Medicine)

Dr. Alva Cass is an excellent caring physician. He has seen me through complicated health situations. I am 82 years old, and through his care, I remain very active. (PCP Family Medicine)

I entered the UTMB system because of Dr. Michael Cook. I just left a pain doctor that I had used for 15 years and Dr. Cook was highly recommended and I’m so glad I found him. With a few changes of meds, he has made my life so much better. (VLTC Pain and Neurology Clinic)

Dr. John Grant is excellent and has helped me greatly. He cares about my condition and has extensive knowledge of compounded medications. (VLTC Medicine Specialties, Allergy & Immunology)

Dr. Robert Smith is an excellent doctor and cares for his patients. He allows me to be worked into his schedule which is mind boggling - 12 months out for an appointment to see him. He needs to be cloned. His “bedside” manner is excellent and his skill is remarkable. I travel from Atlanta to my (second) house in Galveston just to see him. He is the greatest! (Neurology)

UTMB is fortunate to have such an excellent physician in Dr. Sidney Worsham. (Urology)

Andrea Wirt (nurse practitioner) is an absolute angel! She has my complete support and endless appreciation for her attention to my concerns! (Internal Medicine)

Dr. Gokhan Kilic and his office staff are amazing! This is how all offices should be run. We need more doctors like this man! I drove two and a half hours just to come to UTMB and see Dr. Kilic and I’d do it again any day!